

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29960
3889
Registrar's No. _____

FILED OCT 1 1948
Registration District No. 9

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community: 20 YRS. (Specify whether
years, months or days)

3: (a) PRINT FULL NAME LULA SHAW
3. (b) If veteran, name war: no
3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: MAY 25, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 3 0 hr. min.

9. Birthplace TEXARKANA TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business _____

MOTHER FATHER
12. Name JOHN STOKES
13. Birthplace TEXARKANA TEXAS
(City, town, or county) (State or foreign country)
14. Maiden name NANCY CLAY
15. Birthplace TEXARKANA TEXAS
(City, town, or county) (State or foreign country)

16. (a) Informant MARY WILLIAMS (FRIEND)
(b) Address 1306 E. 16th St.

17. (a) Removal (b) Date thereof: Sept 24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. School of Our Lady

18. (a) Signature of funeral director: F. B. Moore

(b) Address 1920 E. 18th St

19. (a) 9-23-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 E. 16TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 25,
year 1948 hour 3: minute 35 P. M.
21. I hereby certify that I attended the deceased from AUGUST
24, 1948 to AUGUST 25, 1948;
that I last saw her alive on AUGUST 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death RUPTURED PEPTIC ULCER
WITH PERITONITIS

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 117a
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at _____ (Specify type of place)
(e) Means of injury 0
23. Signature Frank [Signature] (M. D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 8/26/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

H B Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.